## FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P0/0000 90705.

1. Entity Name J. A. CARRIER COLP

## FILED Sep 10, 2002 8:00 am Secretary of State

09-10-2002 90210 025 \*\*\*150.00

DO NOT WRITE IN THIS SPACE					978826		
2. Principal Place of Business 2298/		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.		DO	DO NOT WRITE IN THIS SPACE		
City & State HIA/EAH, FL.		City & State		4. FEI Number	4. FEI Number Applied For Not Applicable		
Zip 33002 Country A Zip		Zip	Country	5. Certificate of Status	Desired	\$8.75 Additional Fee Required	
	of the second	<u> </u>	Name	7. Name and Address of	f Current Registered	Agent	
	DO NOT W	DITE		Street Address (P.O. Box Number is Not Acceptable)  13/4 W U 2 Nd 5 7			
	IN THIS SP		Street Add				
#		•	City	HIA/EAH	FL	Zio Code 330/2	
8. The above	named entity submits this statement for	the purpose of changing its r	egistered office or re	egistered agent, or both, in the S	state of Florida.		
SIGNATURE _	Signature, typed or printed name of registered agent a	nd title if applicable. (NOTE:	Registered Agent signature	required when reinstating)	DATE		
Tax filing re	oration is eligible to satisfy its Intangible equirement and elects to do so. ia on back)	y 1 Fee is \$150.0 , Fee is \$550.00 UBR is \$61.25 e to Department o	<b>10.</b> Election Can Trust Fund C		\$5.00 May Be Added to Fees		
11.	OFFICERS AND	· · · · · · · · · · · · · · · · · · ·					
TITLE	PRESIDENT	_	TITLE		•	15	
NAME STREET ADDRESS	PRESIDENT JANETH TREJES 1314W 42M ST. HINKAH, Fl. 330/2		NAME			5	
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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address with all other like empowered.

STREET ADDRESS

CITY-ST-ZIP

TITLE NAME

SIGNATURE:

TITLE

STREET ADDRESS

CITY-ST-ZIP

MATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

09/04/02 786-229-5978

Attachment 978824

September 4, 2002

Uniform Business Report Division of Corporations P.O. Box 6327

Re: 2002 Uniform Busines Report

J.A. Carrier Corp. P01000090705

Dear Sirs:

Attached please find Business Report for above mention Corp. and the check in the amount of \$150.00.

We did not receive the 2002 Business report in time to file, please accept the attached check in the amount of \$ 150.00 Fee.

In further information is needed please contact me.

Janeth Trojos P. O. Box 22981

Hialeah, FL. 33002